	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER 39C0001192			A. BLDG: _ B. WING: _	(X3) DATE SURVE COMPLETED: 05/09/2023	ED:			
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501			STREET ADDRESS, CITY, STATE, ZIP CODE: 100 STOOPS DRIVE GROUND FLOOR MONONGAHELA, PA 15063						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	CTION (EACH OULD BE APPROPRIATE	(X5) COMPLETE DATE			
S 0000	This report is the result of a State licensure suconducted on May 9, 2023, at Spartan Health Surgicenter. It was determined the facility with in compliance with the requirements of the Pennsylvania Department of Health's Rules a Regulations for Ambulatory Care Facilities, A, Title 28, Part IV, Subparts A and F, Chapt 551-573, November 1999.		lth was not s and s, Annex	S 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001192		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/09/2023	EY
NAME OF PROVIDER OR SUPPLIER: SPARTAN HEALTH SURGICENTER, LLC STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GRO	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEIED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 0330	Continued from page 1  553.3 Governing Body Responsibilities  § 553.3. Governing body responsibilities.  This REGULATION is not met as evidenced by:			S 0330	The policies, procedures, pla quality data for 2023 was ap 6/1/23 at the last board meet Moving forward, the policies procedures, plans, and qualit for each will be approved at board meeting of the year.  This will be overseen by the administrator and QAPI will performed on the 6/1/23 boat the last board meeting minut year by the administrator.	proved ting. s, ty data the last	Completion Date: 06/05/2023 Status: APPROVED Date: 06/06/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY	
	39C0001192			1	00	05/09/2023	
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS 100 STOOPS MONONGAE	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEED!	T OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI CORRECTIVE ACTION SI CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 0330	Continued from page 2			S 0330			
	Based upon a review of interview (EMP), it was Governing Board faile procedures to ensure the evaluated and issues was Findings include: On May 9, 2023, the Querton Performance Improver Utilization Review Plassheet indicated that the and approved by the Standard Governing Findled proceedings (Governing Findled proceedings for January 31, 2023; and review of the meeting that the policies, proceedings for the policies of the meeting that the policies of the me	as determined that the dot adopt the policione quality of care was were appropriately advere appropriately advereable. The contents had been represented by the second of the Shareh Body) were reviewed. The February 23, 2023. Initiative revealed no edures, plans, or quality approved on January 1:30 pm, EMP1 was used.	e facility's es and es and es dressed.  ment, the The cover reviewed eary 3, molder's dand 2022; Further evidence ity data es 3, mable				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER. PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	(X3) DATE SURVEY COMPLETED:	
	39C0001192			A. BLDG:00_ B. WING:		05/09/2023	
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0330	body had reviewed pol Plan, Risk Managemer Plan, and review of qu Shareholders. On May 9, 2023, at 12 that Policies and Proce Management Plan, Uti Quality Data were not Shareholder's meetings January 31, 2023; and was no special meeting documented for Januar	nt Plan, Utilization Rality data by the :40pm, EMP2 confinedures, Quality Plan, lization Review Plandiscussed in the son December 14, 2 February 23, 2023.	rmed Risk n, and 023;	S 0330			
S 5554				S 5554			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:  39C0001192		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/09/2023	
SPARTAN	OVIDER OR SUPPLIER: N HEALTH SURGICENTE SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEED	T OF DEFICIENCIES (EACH DE IED BY FULL REGULATORY OF IFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		OULD BE	(X5) COMPLETE DATE
S 5554	Continued from page 4  555.32 (b) Administration of Anesthesia  Anesthesia Services  555.32 Administration of anesthesia  (b) If a non physician administers the anesthesia, the anesthetist shall be under the overall direction of an anesthesiologist or physician or dentist who is present in the ASF.  This REGULATION is not met as evidenced by:			S 5554	The facility policy will be updated to ensure that the CRNAs will be supervised by a physician, anesthesiologist, or dentist. All staff will be educated by administration on this matter, to be completed by 6/26/23, following the 6/1/23 board meeting. QAPI will be performed on medical records of podiatry cases by the DON monthly until 100% compliance is achieved for 90 consecutive days. Quarterly QAPI on podiatry cases will be done for		Completion Date: 06/05/2023 Status: APPROVED Date: 06/06/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001192				05/09/2023	
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5554	HEALTH SURGICENTER, LLC		facility failed irection present MR8).  provide o may tist or  ervice hat the	S 5554			
	anesthesiologist, physic	cian, or dentist.	med the				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001192		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 05/09/2023	
SPARTAN	OVIDER OR SUPPLIER: N HEALTH SURGICENTE SE NUMBER: 15521501	ER, LLC	STREET ADDRESS. 100 STOOPS MONONGAH	DRIVE GRO	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEED	IT OF DEFICIENCIES (EACH DE DED BY FULL REGULATORY OF TIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 5554	Continued from page 6 above findings.			S 5554			
S 5559	555.33 (d)(1) Anesthesia Policies and Procedures  555.33 Anesthesia policies and procedures  (d) Anesthesia procedures shall provide at leas following:  (1) A patient requiring anesthesia shall ha pre-anesthesia evaluation by a practitioner, with appropriate documentation of pertinent information regarding the choice of anesthesia.  This REGULATION is not met as evidenced by:		ve a	S 5559	The pre-anesthesia evaluation patients receiving MAC or ganesthesia will be completed practitioner. All staff be edu administration on this manner completed by 6/30/23. QAP performed on 10 medical received the DON. To ensure that the pre-anesthesia evaluations a completed by a practitioner. to be done monthly by the Duntil 100% compliance is action for 90 consecutive days. Go forward, quarterly QAPI will conducted.	general I by a cated by er to be I will be cords by re This is OON chieved	Completion Date: 06/07/2023 Status: APPROVED Date: 06/08/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	ER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
	39C0001192				00	05/09/2023	
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5559	Continued from page 7		S 5559				
	Based on review of face medical records (MR), staff (EMP), it was detent to ensure that the patient received a pre-anesthest practitioner for eight or reviewed (MR1, MR3, MR9, and MR10). Findings include:  On May 9, 2023, review Care Procedures last of "Patients having MA prepared for surgery: A interviews the patients, obtains informed conse	and interview with a cermined that the facint requiring anesthesia evaluation by a f ten medical records MR4, MR5, MR7, I would work facility policy dated unknown, reverse C or general anesthesia properties. An Anesthesia properties. An Anesthesia properties.".	facility failed sia  MR8, Patient aled esia are ovider esia and				
	On May 9, 2023, reviee 2/1/23, revealed that the was not completed by a On May 9, 2023, reviee 11/18/22, revealed that evaluation was not con	ne pre-anesthesia eva a practitioner. w of MR3, date of so the pre-anesthesia	luation				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  39C0001192			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: <b>05/09/2023</b>		
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5559	On May 9, 2023, reviee 4/28/23, revealed that it was not completed by On May 9, 2023, reviee 4/27/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, reviee 4/26/23, revealed that it was not completed by On May 9, 2023, at 11 above findings.	the pre-anesthesia evaluationer.  w of MR5, date of some pre-anesthesia evaluationer.  w of MR7, date of some pre-anesthesia evaluationer.  w of MR8, date of some pre-anesthesia evaluationer.  w of MR8, date of some pre-anesthesia evaluationer.  w of MR9, date of some pre-anesthesia evaluationer.  w of MR9, date of some pre-anesthesia evaluationer.  w of MR10, date of some pre-anesthesia evaluationer.  w of MR10, date of some pre-anesthesia evaluationer.	ervice raluation ervice raluation ervice raluation ervice raluation ervice raluation ervice raluation	S 5559			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  39C0001192			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 05/09/2023		
SPARTAN	IVIDER OR SUPPLIER:  I HEALTH SURGICENTE  SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6408	563.12 (7) Form and Content of Record  563.12 Form and content of record  The ASF shall maintain a separate medical record for each patient. Each record shall be accurate, legible and promptly completed. Patient medicals shall be construt to stand alone and be easily identified as ASF records. Medical records must include at least the following:  (7) Findings and techniques of the operation, include a pathologist report on tissue removed during surgery. This REGULATION is not met as evidenced by:		tructed ds. ncluding	S 6408	The staff and physicians will be educated that all entries in the medical records shall be dated and authenticated by the person making the entry.  This will be completed by 7/7/23.  QAPI will be performed by the DON on 10 medical records monthly to ensure that all entries in the medical record shall be dated and authenticated by the person making the entry until 100% compliance is achieved for 90 consecutive days.  Going forward, QAPI will be conducted for three consecutive		Completion Date: 06/07/2023 Status: APPROVED Date: 06/08/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SUR COMPLETED:  A. BLDG: 00		(X3) DATE SURVE COMPLETED:	EY
		39C0001192		B. WING:		05/09/2023	
NAME OF PROVIDER OR SUPPLIER: SPARTAN HEALTH SURGICENTER, LLC STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 6408	Based on review of factor medical records (MR), staff (EMP), it was det to ensure that the record of the operation were a medical records review MR10).  Findings include:  On May 9, 2023, review "Timely Entry of Datadated unknown, reveal including the findings or procedure is to be controlled to the surgery is performed resident, physician assistant applicable) Typed of signed by the surgeon On May 9, 2023, review on May 9, 2023	and interview with a cermined that the facility of findings and techniques of facility documes. Operative Reports deand techniques of an ampleted immediate and the surgeon (or istant or nurse practiperative room report ".	facility failed chniques en R9, and ent a last ctation a operation ly after r his tioner if s will be	S 6408			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  39C0001192			(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 05/09/2023	EY	
NAME OF PROVIDER OR SUPPLIER:  SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		R, LLC	STREET ADDRESS, 100 STOOPS MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDI	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 6408	Continued from page 11  11/18/22, revealed that practice, who was not signed the dictated ope On May 9, 2023, revie 4/26/23, revealed that practice, who was not signed the dictated ope On May 9, 2023, revie 4/26/23, revealed that practice, who was not signed the dictated ope On May 9, 2023, revie 4/26/23, revealed that a practice, who was not signed the dictated ope On May 9, 2023, revie 4/26/23, revealed that a practice, who was not signed the dictated ope On May 9, 2023, at 11 above findings.	w of MR7, date of so a partner of the surge present for the processative report.  w of MR9, date of so a partner of the surge present for the processative report.  w of MR9, date of so a partner of the surge present for the processative report.  w of MR10, date of a partner of the surge present for the processative report.	dure, ervice eon's dure, ervice eon's dure, service eon's dure,	S 6408			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001192		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 05/09/2023	
SPARTAN	OVIDER OR SUPPLIER:  I HEALTH SURGICENTE	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
STATE LICENS	SE NUMBER: 15521501						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  ID  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE				
S 6413	563.13 (a) Entries  563.13 Entires  (a) Entries in the record shall be dated and authenticated by the person making the entry.  This REGULATION is not met as evidenced by:			S 6413	The facility will ensure that all entries into the medical records shall be signed and dated by the appropriate personnel. All staff and physicians will be educated on this matter by the DON and to be completed by 7/7/23. QAPI will be performed by the DON monthly on 10 medical records to ensure that all entries into the medical records are signed and dated by the appropriate personnel until 100% compliance is achieved for 90 consecutive days. Going forward, QAPI will be conducted for three consecutive quarters.		Completion Date: 06/07/2023 Status: APPROVED Date: 06/08/2023

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		1 . /		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
	39C0001192				<u></u>	05/09/2023	
NAME OF PROVIDER OR SUPPLIER: SPARTAN HEALTH SURGICENTER, LLC STATE LICENSE NUMBER: 15521501			STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6413	Based on review of face medical records (MR), staff (EMP). It was det to ensure that all entries authenticated by the per of ten medical records MR3, MR4, MR5, MR MR10).  Findings include:  On May 9, 2023, review "Spartan Health Surgical Policy", last dated unit forms in the medical return the proper personnel  On May 9, 2023, review "Patient Consent", last did not address the need.	and interview with a cermined that the faces were dated and croon making the enterviewed (MR1, MR6, MR7, MR8, MR9) we of facility docume tenter Medical Record are dated and second are dated and second are dated unknown, revealed "	facility failed ry for ten R2, 0, and ent rds .All igned by	S 6413			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	R:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001192			. BLDG:00 . WING: 05/09/2023		
SPARTAN	VIDER OR SUPPLIER: HEALTH SURGICENTEI SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6413	Continued from page 14			S 6413			
	On May 9, 2023, review "Timely Entry of Datadated unknown, reveal reports will be signed be into the patient's medical signature is not address."  On May 9, 2023, review 2/1/23, revealed that the their signature on the affurther review revealed date their signature on On May 9, 2023, review 12/23/22, revealed that an anesthetist dated their sand anesthesia consent revealed that physician on the operative report On May 9, 2023, review 11/18/22, revealed that	ed "Typed operation of the surgeon and exal record". Dating sed.  w of MR1, date of some anesthetist did not mesthesia consent for did that the physician the operative report.  w of MR2, date of some the physician, nor the signatures on the proforms. Further reviewed and not date their signatures of the physician the operative of the physician, nor the signatures on the proforms. Further reviewed and not date their signatures of the physician of the proforms. Further reviewed and not date of some of the physician of the	ervice the ervice did not ervice he ocedure ew gnature				

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001192		B. WING:		05/09/2023	
SPARTAN	VIDER OR SUPPLIER: HEALTH SURGICENTER SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE	
S 6413	Continued from page 15			S 6413			
	anesthetist dated their sand anesthesia consent revealed that physician on the operative report.  On May 9, 2023, reviet 4/28/23, revealed that the anesthetist dated their sand anesthesia consent revealed that physician on the operative report.  On May 9, 2023, reviet 4/27/23, revealed that the anesthetist dated their sand anesthesia consent revealed that physician on the operative report.  On May 9, 2023, reviet 4/28/23, revealed that the anesthetist dated their sand anesthesia consent revealed that physician on the operative report.	forms. Further reviet did not date their site.  w of MR4, date of section physician, nor the signatures on the profession of MR5, date of section did not date their site.  w of MR5, date of section physician, nor the signatures on the profession of the profession of MR6, date of section physician, nor the signature of the physician, nor the section of MR6, date of section physician, nor the section of MR6, date of section physician, nor the section of the physician of the physi	gnature ervice e e cedure ew gnature  ervice e cedure ew gnature  ervice e cedure ev ervice e cedure ev				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001192		B. WING: _		05/09/2023	
SPARTAN	VIDER OR SUPPLIER: HEALTH SURGICENTER SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS A MONONGAH	DRIVE GR	OUND FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6413	Continued from page 16			S 6413			
	and anesthesia consent revealed that physician on the operative report  On May 9, 2023, review 4/26/23, revealed that the anesthetist dated their shand anesthesia consent revealed that physician on the operative report  On May 9, 2023, review 4/26/23, revealed that the anesthetist dated their shand anesthesia consent revealed that physician on the operative report  On May 9, 2023, review 4/26/23, revealed that the anesthetist dated their shand anesthesia consent anesthetist dated their shand anesthesia consent and anesthes	w of MR7, date of some he physician, nor the signatures on the proforms. Further review of MR8, date of some he physician, nor the signatures on the proforms. Further review did not date their signatures on the proforms. Further review of MR9, date of some he physician, nor the signatures on the proforms.	gnature  ervice e ocedure ew gnature  ervice e ocedure ew gnature  ervice e ocedure ew gnature				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED:			
		39C0001192			00.	05/09/2023		
SPARTAN	VIDER OR SUPPLIER: HEALTH SURGICENTE E NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CX5)  COMPLETE DATE		
S 6413	revealed that physician on the operative report  On May 9, 2023, revie 4/26/23, revealed that the anesthetist dated their sand anesthesia consent revealed that physician on the operative report  On May 9, 2023, at 11 above findings.	w of MR10, date of the physician, nor the signatures on the proforms. Further reviewed in the date their signatures in the proforms of the pro	service e ocedure ew gnature	S 6413				
S 6747				S 6747				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001192		A. BLDG: _	MULTIPLE CONSTRUCTION: (X3) DATE SURVICE COMPLETED: (DG:00		:	
SPARTAN	OVIDER OR SUPPLIER: N HEALTH SURGICENTER SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6747	Continued from page 18  567.43 Ventilation System  The ventilation system shall be inspected and maintain accordance with the written maintenance schedule ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature require is provided in critical areas such as the surgical and recovery suites under  Chapter 571 (relating to construction standards).  This REGULATION is not met as evidenced by:		e to ng irements	S 6747	The facility will ensure that temperature in the recovery a be maintained in the 70-75 d range by updating the policy include the next step actions prescribed range.  Education on this matter will performed by the DON by 7/2 Temperatures will be logged this area. QAPI will be performed by the DON until 100 compliance is achieved in 900 consecutive days. Going for QAPI will be conducted for consecutive quarters.	area will egree to if not in  I be 77/23. daily in ormed 0% o ward,	Completion Date: 06/05/2023 Status: APPROVED Date: 06/06/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		39C0001192		B. WING: _		05/09/2023	
SPARTAN	VIDER OR SUPPLIER:  I HEALTH SURGICENTE  SE NUMBER: 15521501	R, LLC	STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GRO	OUND FLOOR		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SE CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 19			S 6747			
	Based on review of fac with facility staff (EMI	-					
	facility failed to ensure	**					
	requirements were prov						
	Findings include:						
	On May 9, 2023, review of facility material Monitoring "last date unknown, revealedSURGERY AND CRITICAL CAREF. roomDesign Temperature 70-75 degrees Fahrenheit ".						
	On May 9, 2023, reviet temperature logs reveat degrees Fahrenheit. Ma Fahrenheit, April 4 and Fahrenheit, May 3, 202 and May 8, 2023, 69 de On May 9, 2023, at 115	led temperature rangarch 13, 2023, 68 de 15, 2023, 68 degrees 23, 68 degrees Fahre egrees Fahrenheit.	grees s nheit,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  39C0001192			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/09/2023		
NAME OF PROVIDER OR SUPPLIER: SPARTAN HEALTH SURGICENTER, LLC  STATE LICENSE NUMBER: 15521501		STREET ADDRESS, 100 STOOPS I MONONGAH	DRIVE GR	OUND FLOOR			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6747	Continued from page 20 above findings.			S 6747			

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# **Certified End Page**

# SPARTAN HEALTH SURGICENTER, LLC

STATE LICENSE NUMBER: 15521501 SURVEY EXIT DATE: 05/09/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

# **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY